

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026932

3529

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED JUL 25 1962

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Hugh W. McCaughy, M.D.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 40 Yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If outside, give location) 3624 Bellefontaine	
3. NAME OF DECEASED (Type or print) First Middle Last Charles Andrew Annis		4. DATE OF DEATH Month Day Year July 6 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-13-1892
9. AGE (last birthday) 69 Yrs		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HR Hours Min.		12. CITIZEN OF WHAT COUNTRY USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gold Melter		10b. KIND OF BUSINESS OR INDUSTRY Jewelry	
11. BIRTHPLACE (City and state or country) Massachusetts		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Lemueal Annis		13b. MOTHER'S MAIDEN NAME Carrie Bracket	
14. NAME OF HUSBAND OR WIFE Dell M. Annis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Dell M. Annis 3624 Bellefontaine K. C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of abdominal aortic aneurism DUE TO (b) arteriosclerosis DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Chronic pulmonary emphysema, coronary heart disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Jan 1958 to July 1962 and last saw her alive on July 6, 1962		Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Hugh W. McCaughy M.D. (Degree or title)		22b. ADDRESS 5615 Johnson Drive Mission Kansas	
22c. DATE SIGNED July 6 1962		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7-9-62		23c. NAME OF CEMETERY OR CREMATORY Mount Moriah	
23d. LOCATION (City, town, or county) Kansas City, Missouri		24. FUNERAL DIRECTOR Stine & McClure Kansas City, Missouri	
25. DATE RECD. BY LOCAL REG. 7-6-62		26. REGISTRAR'S SIGNATURE Ruth N. Long	

(Licensed Embalmer's Statement on Reverse Side)

Mr Mc Laughery  
He 4-4222  
5615 Johnson Road  
T. 11 5:00

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.